

Participant Evaluation Form

Participant Information:

Name: _____

Email: _____

Affiliation/School: _____

Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____

My position is best described as: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle | <input type="checkbox"/> High |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Home School |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> Pre-service/College Student |
| <input type="checkbox"/> College Faculty | <input type="checkbox"/> Center/School Administrator |
| <input type="checkbox"/> Curriculum Specialist | <input type="checkbox"/> Resource Agency Staff |
| <input type="checkbox"/> Youth Organization | <input type="checkbox"/> Private Conservation Group |
| <input type="checkbox"/> Nature Centers | <input type="checkbox"/> Other _____ |

I will most likely use the Project WILD materials with:

- | | |
|---|--|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> College Students | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Conservation Groups | <input type="checkbox"/> Scouts/4-H/Youth Groups |
| <input type="checkbox"/> Nature Centers/Camps | <input type="checkbox"/> Church/Community Groups |
| <input type="checkbox"/> Other: _____ | |

How do you plan to implement what you learned at this training? _____

Demographic Information:

Your voluntary completion of the following questions help the Florida Fish and Wildlife Conservation Commission to ensure that equal opportunity is provided to individuals without regard to race, color, national origin or disability.

Gender:

- Male Female

Race/Ethnicity:

- African American Asian/Pacific
 Hispanic White
 Other _____

Workshop Information:

Workshop Type: _____

Workshop Date: _____

Facilitator(s): _____

Location: _____

How did you hear about this workshop?

- | | |
|---|---|
| <input type="checkbox"/> Facilitator | <input type="checkbox"/> Professor/Teacher |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Nature Center/Park |
| <input type="checkbox"/> School District | <input type="checkbox"/> Brochure/Flyer |
| <input type="checkbox"/> Conference/Exhibit | <input type="checkbox"/> Project WILD website |
| <input type="checkbox"/> Other _____ | |

How often do you think you will use the activities?

- Weekly Monthly Infrequently

I am interested in:

- Becoming a Project WILD facilitator
 Receiving the Florida Project WILD Monthly Newsletter
 Learning about becoming a partner with FYCCN
 Participating in other workshops: _____

Comments: _____

Workshop Evaluation:

On a scale of one to five, please rate the workshop in which you participated:	Agree				Disagree
Materials will help me address academic standards.	5	4	3	2	1
Workshop prepared me to use materials with my audience.	5	4	3	2	1
I plan to use what I have learned in my teaching/program.	5	4	3	2	1
The information, strategies and instructional methods shared were helpful.	5	4	3	2	1
The activities and materials are useful in my classroom/audience.	5	4	3	2	1
I acquired new skills at the workshop.	5	4	3	2	1
I am excited to use what I've learned.	5	4	3	2	1
The facilitators were well prepared.	5	4	3	2	1
The facilitator presenting the workshop understood the content.	5	4	3	2	1
Overall, the training was excellent	5	4	3	2	1

